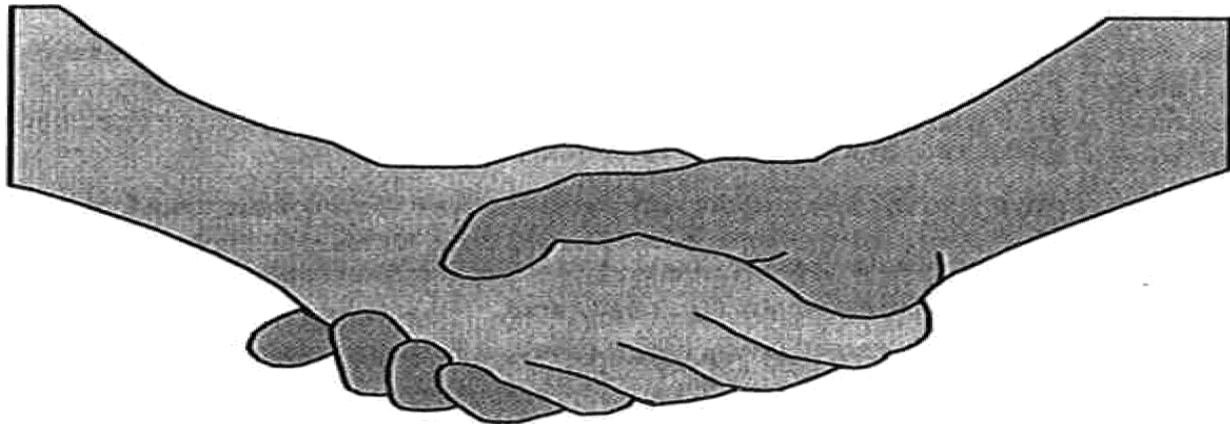


APPLESEED COMMUNITY
MENTAL HEALTH CENTER, INC.
CONSUMER RIGHTS
And
RESPONSIBILITIES



CLIENT RIGHTS OFFICER:

Christina Benton
2233 Rocky Lane
Ashland, Ohio 44805

(419) 281-3716

Available: 8:30 A.M. - 5:00 P.M.

YOUR RIGHTS AND RESPONSIBILITIES AS A CONSUMER AT APPLESEED

Appleseed's Consumer rights policy conforms with Section 5122:2-1-02 of the Ohio Administrative Code, stating that each Consumer has all of the following rights:

THE RIGHT...

1. to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. to receive service in a humane setting which is the least restrictive feasible as defined in the treatment plan.
3. to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives.
4. to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to refuse any service, treatment or therapy on behalf of a minor.
5. to a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral.
6. to active and informed participation in the establishment, periodic review, and reassessment of the service plan.
7. to freedom from unnecessary or excessive medication.
8. to freedom from unnecessary restraint or seclusion.
9. to participate in any appropriate and available agency service, regardless of refusal of one or more services, treatments, therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes services and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan.
10. to be informed of and refuse any unusual or hazardous treatment procedures.
11. to be advised of and refuse observation by techniques such as one-way mirrors, tape recorders, television, movie, or photographs.
12. to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense.
13. to confidentiality of communications and/or all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client, parent or legal guardian of the person or an adult client in accordance with Rule 5122:2-3-11 of the Administrative Code.
14. to have access to one's own psychiatric, medical or other treatment records, unless access to

particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an imminent risk.

15. to receive an explanation of the reasons for denial of service.
16. to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event.
17. to not be discriminated against in the provision of service based on religion, race, color, creed, gender, sexual orientation, national origin, age, lifestyle, physical, or mental handicap, developmental disability, or inability to pay.
18. to know the cost of services.
19. to be fully informed of all rights.
20. to exercise any and all rights without reprisal in any form including continued uncompromised access to service.
21. to file a grievance.
22. to have oral and written instructions for filing a grievance.
23. to be treated according to State Law and the Ohio Department of Health guidelines if the client is infected with the HIV (Human Immune Deficiency Virus).
24. to be free from humiliation

TO FILE A GRIEVANCE: Contact Chris Benton who is available weekdays from 8:30 A.M. to 5:00 P.M. at 2233 Rocky Lane 281-3716. The consumer advocate is Chris Benton. The Client Rights Officer for the Mental Health and Recovery Board of Ashland County is David Ross who is available weekdays from 8:30 A.M. to 4:00 P.M. at 52 W. Main St., phone 281-3139.

B. A Grievance Form can be obtained from any staff member or the Designated Client Rights Officer.

C. Each allegation of neglect and/or abuse by agency staff of a person served, regardless of source, shall be investigated.

D. The agency shall report any allegation of neglect or abuse to the Mental Health and Recovery of Ashland County Board within 24 hours of the event occurring and shall communicate the results of the investigation to the Mental Health and Recovery Board.

E. All notifications required by law shall be made to appropriate authorities in situations that involve child or adult abuse or any explicit threats to harm self or another.

RESPONSIBILITIES OF THE CLIENT AND FAMILY:

- Provide complete and honest information about health care status.
- Follow the treatment plan you have helped create with the therapist or treatment team.
- Complete treatment assignments that you and your therapist agree will aid your progress.
- Understand how to gain access to care in routine and emergency situations.
- Know your health care benefits or have a family member be aware of those benefits.
- Attend appointments unless prevented by an emergency.
- Follow appointment cancellation procedures required by the agency.
- Be considerate of the rights of others receiving treatment and agency staff.
- Be aware of the client's rights and grievance procedures.